



The Improvement Fund Guidance 2017–2018

**Applications accepted between
1–22 September 2017**



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Background

The Improvement Fund is part of the grant making function of Healthcare Improvement Scotland's (HIS) Improvement Hub (ihub). We look to fund projects at a local level that improve the quality of health and social care services in Scotland.

The fund was set up to support and encourage health and social care organisations to:

- test and develop innovative practices that can contribute to the delivery of the National Health and Wellbeing Outcomes
- contribute to the delivery of local integration priorities and strategies and the reducing inequalities agenda
- increase the likelihood of change ideas being implemented locally and influencing thinking and practice nationally
- identify and document learning and best practices that can be shared to scale and rolled out across Scotland, and
- support the development of improvement capacity and capability across health and social care.

The fund opened in September 2016 for the first time and we have awarded funding to seven projects covering a variety of topics. For more information about the Improvement Fund, please visit our website: www.ihub.scot/improvement-fund or contact hcis.improvementfund@nhs.net.

In 2017–2018, the Improvement Fund has £200,000 available. **From 1–22 September, eligible organisations can apply for a grant between £5,000–£75,000.** The Improvement Fund is committed to making successful change ideas widely available for public benefit as quickly as possible, therefore funding will be over a maximum of 12–15 months, consisting of a recommended set-up phase of up to 3 months and an implementation phase of up to 12 months.

Based on the high volume of applications made to the Improvement Fund last year, we are expecting a similar level of interest. If this is the case, please note that the selection process will be competitive and we will be unable to fund every project that meets the criteria.

Please ensure you have fully read this document before applying for funding. If you have any questions that are left unanswered after reading, please contact hcis.improvementfund@nhs.net.

Project eligibility

We are looking to fund projects that:

- are ready to go and have a senior organisational sponsor
- design and test new solutions that have the potential to lead to sustainable measurable improvements and/or spread ideas that have already been tested and demonstrated impact
- have a plan to actively share learning locally, regionally and/or nationally
- will have a direct impact on service users within a 12–15 month funding period
- contribute to the delivery of the National Health and Wellbeing Outcomes (see Appendices A and B), and
- contribute to the delivery of local integration priorities and strategies and the reducing inequalities agenda.

All projects that meet the above criteria are eligible to apply, however we will look favourably on projects that:

- are designed and delivered in partnership, for example working across health and social care, third and independent sectors
- have identified a specific approach or method for the planning and implementation of the project, for example an improvement methodology such as (but not limited to) Lean, Model for Improvement, or Appreciative Inquiry.

Approach to redesign and continuous improvement

A good proposal will have identified a systematic approach or method for the planning and implementation of the project, for example an improvement methodology such as (but not limited to) Lean, Model for Improvement, or Appreciative Inquiry.

We acknowledge that amongst those applying for funding there will be differing degrees of understanding, experience and skill of improvement approaches and methods and we will not favour or discriminate against a particular interpretation of improvement or a specific improvement model. However, projects using a systematic improvement approach will be viewed favourably.

If you are new to improvement methodologies, please follow the link below for an introduction to quality improvement and various approaches:

www.health.org.uk/publication/quality-improvement-made-simple

If you intend to use a specific improvement methodology, please outline this in your application and address how this will be used.

If you choose not to use a defined improvement methodology, to be eligible to apply we would be looking for you to be able to describe as a minimum:

- the current situation and need for change
- the aims of the intervention – preferably with a quantifiable aim
- your method for implementing the change
- how impact will be measured throughout the project
- a willingness to experiment, change and adapt as the project is delivered, and
- a clear link between the project aim and the activity that is being funded.

What applicants will be required to do

Throughout the application process, applicants will need to demonstrate that they have:

- a clear description of the need, the proposed solution and how this will result in improvements
- identified a service user group who will benefit from the intervention
- clear and specific outcomes, indicators and measures of success that can be achieved within the 12–15 month funding period
- an appropriate structure and process for recording meaningful and accurate data (both quantitative and qualitative, including case studies)
- actively considered value for money and the cost implications of the change, particularly in terms of efficiencies and sustainability, and
- a project team that either contains, or will have access to, the necessary expertise to undertake the project and has commitment from a senior organisational sponsor.

Successful applicants will be required to:

- provide regular and timely project progress and finance reports to the Improvement Fund
- participate in regular calls and/or meetings with the Improvement Fund team to review progress
- complete an end of project report to evaluate the impact of the intervention, and
- actively share the learning from the project, for example at events or through presentations and publications.

What we will and will not fund

There are certain types of expenditure that we will and will not fund. We have outlined these below. Please make sure to read this section before completing the Expression of Interest form to ensure you are eligible to apply. The lists are not exhaustive, and we are aware that specific projects may require other types of expenditure. If you have any unanswered questions after reading this section, please get in touch.

What we will fund

The following list outlines types of expenditure we would expect to fund:

- backfill costs for leadership and staff time spent on the project – substantive posts on which the improvement project is dependent could be included if match funding or endorsement to support these posts beyond the programme has been secured
- payment/allowance for any patient, carer or service user involvement
- project management for the duration of the funding period
- administrative support
- data collection, analysis and other technical support related to measurement
- supply of technical expertise from improvement, innovation or design organisations (please note that no more than 15% of funding can go to any private organisations)
- attendance at meetings in relation to the project, including, for example, room hire or catering, if appropriate
- backfill for staff requiring training, involvement in project teams or implementing the changes, and/or
- communication materials and associated staff time required to promote the project and the time for staff to take part in interviews or events related to promoting the project.

What we will not fund

The following list outlines types of expenditure we would not expect to fund:

- costs of product or technology development as a primary purpose or focus of the project (we may fund improvements to services, processes and practices *supported by* IT solutions and where this constitutes only a small part of the budget). For more information on other funding available to support these kinds of projects, please visit www.in0v8.scot.nhs.uk/
- projects which will take place outside of Scotland
- projects that have previously received funding, for example through grants or core funding
- large items of equipment (over £2,000), including scanners, printers and IT hardware
- staff posts that are essential to the intervention that would require additional funding to be sustained once funding from the Improvement Fund ends and have not secured match funding or endorsement to support these posts beyond the programme
- capital expenditure, for example for vehicles or buildings
- costs of traditional research activities
- organisational overheads such as costs of premises, management and HR
- procurement of day-to-day consumables or 'business-as-usual' equipment
- general conference attendance if you will be attending only as opposed to using the conference to present findings from your project and spread learning

- costs for education and training as a primary purpose or focus of the project (we may fund education and training that is specifically needed in order to implement the change idea)
- costs of any development or capacity building which is unlikely to have a direct impact on service users or patients within the lifetime of this programme
- costs of developing technical or clinical interventions focused on clinical effectiveness such as (but not limited to) surgical techniques and procedures and drug administration techniques
- any additional costs that were not included in the original budget, for example changes in staff salaries, and/or
- projects where a private company or a profit-making organisation would receive more than 15% of the funding, either directly or indirectly.

Working with us

As a funder, it is important to us that we have good working relationships with the projects that we fund and a clear understanding of responsibility and expectations from both sides.

What we offer to successful applicants

We offer the following support to successful applicants:

- funding between £5,000–£75,000
- opportunities to connect with other project teams
- opportunities to share the learning between projects and with key stakeholders
- opportunities to be seen as innovators in health and social care and to showcase work to a variety of key stakeholders
- opportunities to inform the Improvement Fund’s development and influence wider change in service (re)design and practice, and
- regular contact with the Improvement Fund team to review progress and, for example, to review specific communications outputs and/or draw on technical or content expertise from the ihub.

We can also offer tailored support to successful applicants where a need is identified. This could include support and advice on improvement, evaluation and a range of relevant issues and topics, including health economics and measurement. Where tailored support is required, it should be noted at the application stage.

What we expect in return

We expect the successful applicants to:

- provide us with regular project progress and finance reports
- participate in regular calls with the Improvement Fund team to review progress and discuss issues
- submit a final report on the approach, context, results, impact and learning from the project, identifying factors which enabled success and those which were a barrier to success
- actively communicate their learning, both internally (within the project team’s organisation) and to wider (national) stakeholders through events and publications, and
- be willing to attend meetings and host site visits for Improvement Fund staff and key stakeholders for learning, sharing or audit purposes.

Who can apply

You may either apply as a single organisation or as a partnership. Please note that we will look favourably on applications for projects that are designed and delivered in partnership. In both cases, we would expect that any stakeholders, staff and service users who would be affected by the proposed intervention have been identified and consulted with.

If you are applying as a single organisation, we will refer to your organisation as the 'Lead Organisation'. If you are applying in partnership, we will still need to identify a Lead Organisation who we will contract with and this must meet the same criteria in both cases.

If after reading this section you are still unsure if your organisation is eligible to apply, please contact hcis.improvementfund@nhs.net.

Lead Organisation criteria

To be eligible to submit an application **as the Lead Organisation**, all of the following must apply:

- your organisation must fall under any of the following categories:
 - Health and Social Care Partnership
 - Integration Authority
 - Local Authority
 - NHS territorial Board (that is those working at a local level)
 - third sector (for example charities, voluntary organisations)
 - not-for-profit organisations (including social enterprises)
 - health or social care providers (that are not national public sector bodies or private providers), or
 - housing organisations.
- you should have senior sponsorship from your local Health and Social Care Partnership/Integration Authority(ies) or the relevant national partnership forum/network
- you are from the organisation within which the project is being tested
- your organisation must be based in Scotland, and
- your organisation must be legally constituted¹.

Please note that any organisation can only be the Lead Organisation on one project at a time.

¹ It may be constituted as a public sector body, a 'not-for-profit' organisation, a social enterprise, or a community interest organisation. If the constitution allows the Lead Organisation to make a profit, the Improvement Fund would have to be convinced that it is not supporting private profit-making companies delivering only a small benefit to the public. Where a 'not-for-profit' organisation has another arm that is profit making, the Improvement Fund would need to be convinced that the funding is going to the non-profit-making arm.

National public sector bodies, for example NHS Education for Scotland (NES), NHS National Services Scotland (NSS), Scottish Social Services Council (SSSC), are not eligible to apply as a Lead Organisation, but are still eligible to apply as a Partner Organisation. Please see the Working in partnership section for more information. The rationale behind this decision is that the Improvement Fund aims to support innovative improvement work at a local level, particularly and therefore projects should be led by local organisations. However, we appreciate that support from national public sector bodies may be critical to the success of the project so applications in partnership will be considered.

Private sector organisations can apply for funding as a Partner Organisation only, and are not eligible to apply as a Lead Organisation. Please see the Working in partnership section for more information.

If your organisation does not fall within any of the categories listed above, you may still be eligible to apply as a Partner Organisation. Please see the Working in partnership section for more information.

We will not accept applications from Lead Organisations based outside of Scotland (charities and organisations who are the Scottish arm of a UK organisation are still permitted to apply to the fund), individuals or sole traders.

Working in partnership

It is desirable, but not essential, that applications are designed and will be delivered in partnership. Within such partnerships, we will expect one organisation to act as the Lead Organisation and the other organisation(s) as Partner Organisation(s). The Improvement Fund requires a Lead Organisation to ensure that there is appropriate influence and governance over the project, including the implementation of the change idea, engagement of staff, management of the project and of the funding provided by the Improvement Fund.

We will contract with the Lead Organisation and they will provide assurance that work is carried out where funding is provided upfront and will be responsible for creating and monitoring any subcontracts with its partners. Please read the previous section to check eligibility criteria for Lead Organisations.

Partner organisations may include any of the following:

- any of the organisations listed in the previous section as eligible to apply as Lead Organisation
- national public sector bodies (for example NES, NSS, SSSC)
- education bodies, companies and consultancies
- royal colleges and other professional societies
- private sector organisations²
- evaluation or research organisations, and or

² We understand that private sector partners may be critical to the successful delivery of improvement projects. However, where a private company or a profit-making organisation is involved as a partner, we would not expect more than 15% of our funding to go to this organisation, directly or indirectly.

- improvement organisations.

Partner organisations may be involved in more than one application *but can only be Lead Organisation on one project at a time*. Where multiple applications are made involving one organisation as a partner, there may need to be a discussion about the feasibility of being involved in multiple projects.

Application process

It is our intention that our application process is as light touch as possible, but we also need to make sure we have all the information we need to make an informed decision on each application.

How to apply

Once you have read all of the information in this guidance document and are confident that you meet all of the eligibility requirements, please complete and submit an Expression of Interest form between 1–22 September 2017 to hcis.improvementfund@nhs.net.

The form is available on our website: www.ihub.scot/improvement-fund .

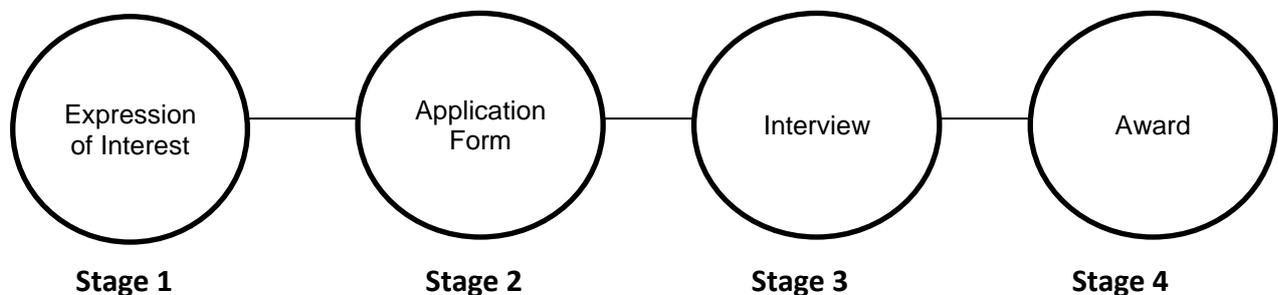
Deadlines

The Improvement Fund is open to accept applications between 1–22 September 2017. Expressions of Interest can be submitted at any time between these dates and we are happy to discuss any queries at this time.

We intend to provide another opportunity for funding in 2018. Dates will be confirmed on our website in due course.

Selection process

The application process to the Improvement Fund is as follows:



Stage 1: Expression of Interest

The open call for Expressions of Interest (EoI) will begin on 1 September and end 22 September. We are open to accepting EoIs between these dates. Applicants who have read this guidance document and believe they fulfil all the eligibility and criteria requirements should complete the EoI form. The form provides guidance on what we expect to be included in each section.

The EoI form has been designed to be light touch and give you the opportunity to briefly outline your project idea and how it fits with the main criteria.

Successful applicants will be invited to complete a full application form.

Please note that any other documents submitted to the Improvement Fund other than our EoI form will not be considered.

Stage 2: Application form

Successful applicants from Stage 1 will be invited to complete a full application form, along with a project plan and budget breakdown³. Applicants will be expected to provide detailed budgetary information on the total cost of the project, what the funds will cover and details of any co-funding or matched funding. Please note that you should factor in any potential changes in salaries at this point as we will be unable to accommodate any such changes after the award has been made.

All applications should be signed by an individual authorised by the Lead Organisation to submit applications and sign contracts on its behalf.

Please note that any other documents submitted to the Improvement Fund other than our application form will not be considered.

Stage 3: Interviews

All applicants who have submitted an application form will be expected to participate in an informal interview to have the opportunity to discuss their project idea and provide more information around questions that have arisen during assessment.

The interviews will take place between 8–19 January 2018. Before applying please make sure you can be available for an interview between these dates.

We expect the key members identified in the application to participate in the interview. Those who participate in the interview should be those people who will be actively involved in the implementation of the improvement project.

Following the interviews, we will hold a moderation session to make a final decision on the successful projects.

If you wish to find out more about our selection process, please contact

hcis.improvementfund@nhs.net.

Stage 4: Award

Successful applicants will receive a formal, written offer letter which will outline the amount awarded (in some cases this may vary from the amount initially requested but this would be discussed first with the applicant) and the phasing that was agreed with the project team.

You can find an example of our award letter on our website.

Subject to satisfactory progress updates, the phased payments will be made to the Lead Organisation throughout the project. The Lead Organisation will be responsible for administering the financial aspects of the award to any partner organisations in line with local agreements.

We will expect a full expenditure report at the end of the project which is signed off by the relevant authorised finance officer. Any unspent funds must be returned to the Improvement Fund. If costs change over the funding period, or if unanticipated costs arise,

³ We will also request financial information for non-public sector organisations to enable us to conduct finance checks. Please see the Financial checks section for more information.

this can be discussed with the Improvement Fund team. We are unlikely to approve any additional funds.

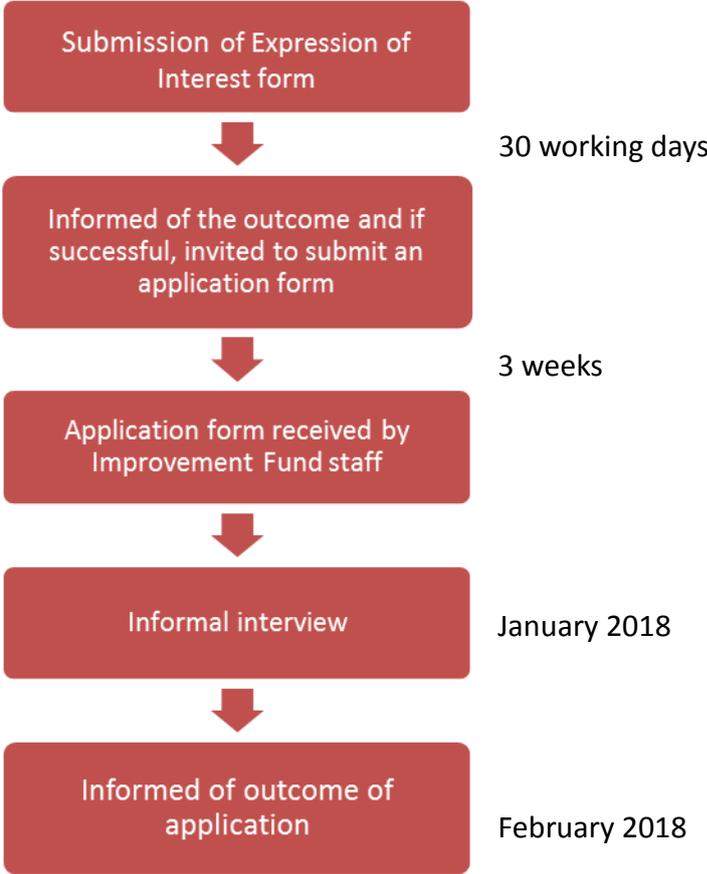
Please note that due to the way our funding is released, the start date for projects cannot be any earlier than 26 February 2018.

Monitoring

Part of the conditions of the award letter will be that the Lead Organisation provides regular project progress reports to the Improvement Fund team and participates in regular calls to review progress. We will agree the reporting timescales with the project team. Timescales will be in line with each phased payment so that we are assured the project is progressing as expected before we process payments. Progress reports will also be proportionate to the level of funding provided.

Please note that we may request timesheets and proof of spend such as receipts so that we can assess whether reported actual spend is justified.

Timescales



The above is a guideline only.

Financial checks

As part of the application process, we will need to complete financial checks to ensure that the Lead Organisation applying for funding is financially stable. If your organisation does not pass our financial checks, we will be unable to proceed with funding. If you have any uncertainty about this, please get in touch. These checks will not be required for public sector organisations. For all other organisations, we may request all or some of the following information at application form stage:

- a business plan, including a cash flow statement
- the annual accounts duly certified by an accountant, covering any part of the preceding 3 years during which the Lead Organisation was in operation
- a reference from the bank as to the applicant's financial standing
- details on the applicant's accountant
- information on the financing and financial resources of the applicant, and
- evidence of insurance.

Please note that it is important that annual accounts for the 3 preceding financial years are provided. This will enable our finance department to generate financial ratios and assess the organisation's past performance.

All sensitive information received will be treated confidentially and shared only with Healthcare Improvement Scotland's finance department who will carry out the necessary checks.

If we do not receive the necessary financial information, unfortunately we will be unable to proceed with funding.

Funding conditions

Payment terms and conditions

Funding will be made available through phased payments at stages that will be agreed between the project team and the Improvement Fund. Upfront payments can be made where there is justification – this will be addressed at the application form stage. Payments will be made upon satisfactory progress evidenced in project and finance reports at the monitoring stages. We reserve the right to terminate funding if Lead Organisations do not comply with our monitoring process or if we are not satisfied that the project is making expected progress.

Treatment of VAT

Any VAT incurred on the purchases of goods and services can only be claimed against the grant where:

- the VAT has been incurred directly on work for the project;
- and the lead organisation has been unable to recover the VAT from HMRC.

Healthcare Improvement Scotland retains the right to see evidence of the VAT treatment on each purchase.

Equality and diversity

The Equality Act 2010 places a duty on public authorities, in the exercise of its functions, to have due regard to the need to:

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it, and
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

This duty, known as the ‘general equality duty’, applies in respect of the following protected characteristics: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation. In relation to the protected characteristic of marriage and civil partnership, there is only a need to eliminate discrimination, harassment and other conduct prohibited by the Act.

We require that any organisation wishing to submit a bid for the funding of a project provides assurance and demonstrates that it is compliant with the requirements of the general equality duty. Therefore, before submitting a bid for funding, organisations should fully consider the potential equality impact their proposed project may have by undertaking an Equality Impact Assessment (EQIA).

An EQIA should be an integral stage of your project development. Discrimination is usually unintended and can often remain undetected, until someone complains or is let down by the service they have received. A robust EQIA will help to identify potential disadvantages and offer an opportunity to take appropriate actions to remove or minimise any adverse impact a proposed project may have on one or more protected characteristic groups.

In addition to equality, your EQIA process should include giving consideration to the potential affect a proposed project will have on health inequalities. Health inequalities are disparities in health outcomes experienced by individuals or groups because of unfair and avoidable reasons.

Health inequalities are most commonly associated with socio-economic inequalities but can also result from a wide range of other factors, including discrimination, access to education, access to employment, access to good housing and location in which a person lives, and individuals' circumstances and behaviours such as their diet, alcohol consumption, smoking and exercise.

As part of your application you will be required to outline how you have considered equality and diversity in relation to your project.

Ethical approval

Applications that require research and development or ethical approval must have sought this already to ensure that they are in a position to start the project when funding is released. Before funding will be released, the Improvement Fund will require written assurance that relevant approvals are either not necessary or have been sought and granted as part of the formal agreement process. More advice about when research and development or ethical approval is required can be found by visiting the suggested links below:

- <http://www.hra.nhs.uk/resources/before-you-apply/types-of-ethical-review/>
- <http://www.nhsresearchscotland.org.uk/services/research-ethics>
- www.hra.nhs.uk/
- hra-decisiontools.org.uk/ethics

Any relevant professional codes and/or any relevant internal research ethics policies or procedures should be followed.

Communications

The Improvement Fund may, in its discretion, publish and publicise the fact, nature and amount of the award made to the Lead Organisation.

The Lead Organisation is expected to communicate about their project with key audiences during the lifetime of the project. This might include communicating about the project, any key developments along the way, and the project's final results. The Lead Organisation will let the Improvement Fund know about any key developments which they are planning to communicate about, or would like to share more widely through Healthcare Improvement Scotland's communication channels.

Any publications or other dissemination arising from work supported by the Improvement Fund should acknowledge assistance received from the Improvement Fund and copies or notification should be submitted to the Improvement Fund for approval agreeing a reasonable timeframe for responses.

The Improvement Fund may want to communicate about funded projects. For example, Healthcare Improvement Scotland may want to undertake some media work to promote the findings of the project. While the Lead Organisation will have sign-off on the factual detail, Healthcare Improvement Scotland retains the right to determine the style and structure in line with its communication aims. The Improvement Fund will work with the Lead Organisation letting them know about plans for communications, such as a press release, and will share any communication materials about the project for comment, agreeing a reasonable timeframe for response. If the Lead Organisation does not meet the deadlines agreed with the Improvement Fund, the Improvement Fund has the right to proceed with the communications activity.

Intellectual property

Intellectual property rights shall remain with the relevant contracting organisation (normally the applicant). However, Healthcare Improvement Scotland shall retain the right to freely promote and disseminate funded project outcomes and any evaluation to interested health and social care organisations in Scotland. Any materials (including processes, procedures and practices) produced as a result of Improvement Fund investment shall be made freely available to health and social care organisations if intended to be implemented in Scotland (but not for wider dissemination). Any materials shall be provided as 'white label' (unbranded), although an appropriate acknowledgement of the intellectual property rights holder may be included. There shall be no charge to recipient organisations other than that needed for full cost recovery of additional production, adaptation and delivery.

As part of the project's communication strategy, project teams may choose to present papers or posters at relevant conferences. These should be made available for publication on the Improvement Fund's website. Publication will be at the Improvement Fund's discretion.

Frequently asked questions

When is the Expression of Interest form available?

The Expression of Interest form will be available on our website from 1 August 2017 and the Improvement Fund is open to accepting Expressions of Interest only in the open call period from 1–22 September 2017. The form is there in advance for your convenience.

Can I speak to someone about my project idea before submitting an Expression of Interest form?

Yes, if you would like to speak to someone about your idea, you can contact hcis.improvementfund@nhs.net and we can either discuss your idea by email or arrange a call with you. As we anticipate a high level of interest, we would advise that you contact us as early as you can so that we can respond to you in time for you to submit your Expression of Interest by the deadline of 22 September.

My project idea involves technology-based solutions, which is listed as something the Improvement Fund will not fund. Can I submit an Expression of Interest form?

This depends on the project and its focus. We understand that the use and development of technology can play an important role in the improvement of services and care. We may fund improvements to services, processes and practices supported by IT solutions where applicants can provide a very convincing case that the technology development is not the primary purpose of the project. Other funds are available solely for the development of technology solutions. Please see the following website for more information on other funds: www.in0v8.scot.nhs.uk.

Please get in touch at hcis.improvementfund@nhs.net if you are still not sure and would like to discuss further.

Can I submit more than one Expression of Interest form on behalf of my organisation?

There is no limit to the number of Expressions of Interest that you can submit on behalf of your organisation if you have several different ideas. However, please note that an organisation can only be the Lead Organisation on **one** project in any one funding period.

My project idea involves costs for training staff, which is listed as something the Improvement Fund will not fund. Can I submit an Expression of Interest form?

We will not fund costs for education and training as a primary purpose or focus of the project, but we may fund education and training as part of the proposal to support implementation of the project idea. An indication could be the costs you are budgeting for training compared to other costs in your budget.

If you are in doubt as to whether your project is eligible, please contact hcis.improvementfund@nhs.net.

Our project is not quite ready to go for this funding opportunity deadline. Will there be an opportunity to apply for funding next year?

There will be another opportunity to apply for Improvement Fund funding in 2018. Dates have not yet been confirmed but these will be communicated on our website in due course.

Appendices

Appendix A – National Health and Wellbeing Outcomes

The National Health and Wellbeing Outcomes are high-level statements of what health and social care partners are attempting to achieve through integration and ultimately through the pursuit of quality improvement across health and social care.

By working with individuals and local communities, Integration Authorities will support people to achieve the following outcomes:

Outcome 1: People are able to look after and improve their own health and wellbeing and live in good health for longer

Outcome 2: People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community

Outcome 3. People who use health and social care services have positive experiences of those services, and have their dignity respected

Outcome 4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services

Outcome 5. Health and social care services contribute to reducing health inequalities

Outcome 6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being

Outcome 7. People using health and social care services are safe from harm

Outcome 8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide

Outcome 9. Resources are used effectively and efficiently in the provision of health and social care services

For more information: www.gov.scot/Topics/Health/Policy/Adult-Health-SocialCare-Integration/Outcomes

Appendix B – Core suite of integration indicators

Please follow the link for the full text: www.gov.scot/Resource/0047/00473516.pdf

The indicators have been, or will be, developed from national data sources so that the measurement approach is consistent across all areas. They can be grouped into two types of complementary measures:

Outcome indicators based on survey feedback, to emphasise the importance of a personal outcomes approach and the key role of service user feedback in improving quality. While national service user feedback will only be available every 2 years, it is expected that Integration Authorities' performance reports will be supplemented each year with related information that is collected more often

1. Percentage of adults able to look after their health very well or quite well.
2. Percentage of adults supported at home who agree that they are supported to live as independently as possible.
3. Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided.
4. Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated.
5. Percentage of adults receiving any care or support who rate it as excellent or good
6. Percentage of people with positive experience of care at their GP practice.
7. Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.
8. Percentage of carers who feel supported to continue in their caring role.
9. Percentage of adults supported at home who agree they felt safe.
10. Percentage of staff who say they would recommend their workplace as a good place to work*

Indicators derived from organisational/system data primarily collected for other reasons. These indicators will be available annually or more often.

11. Premature mortality rate.
12. Rate of emergency admissions for adults.*
13. Rate of emergency bed days for adults.*
14. Readmissions to hospital within 28 days of discharge.*
15. Proportion of last 6 months of life spent at home or in community setting.
16. Falls rate per 1,000 population in over 65s.*
17. Proportion of care services graded 'good' (4) or better in Care Inspectorate Inspections.
18. Percentage of adults with intensive needs receiving care at home.
19. Number of days people spend in hospital when they are ready to be discharged.
20. Percentage of total health and care spend on hospital stays where the patient was admitted in an emergency.
21. Percentage of people admitted from home to hospital during the year, who are

discharged to a care home.*

22. Percentage of people who are discharged from hospital within 72 hours of being ready.*

23. Expenditure on end of life care.

* Indicator under development